

FORM NO. 8-B UNEMPLOYMENT COMPENSATION NOTICE OF APPEAL

NOTICE OF APPEAL
TO MISSOURI COURT OF APPEALS
DISTRICT _____

BEFORE THE LABOR AND INDUSTRIAL RELATIONS COMMISSION
STATE OF MISSOURI

_____)	
Appellant,)	Social Security No. _____
vs.)	
_____)	Employment Security Appeal No. _____
Respondent.)	Appellate Court No. _____

Notice is hereby given that _____ appeals to the Missouri Court of Appeals, _____ District.

Date notice of Appeal filed _____
(to be filled in by Secretary of Commission)

Signature of Attorney or Appellant _____

(The appellant(s) must file the original notice of appeal and one copy for the Appellate Court with, and pay the docket fee required by the court rule to, the secretary of the commission within the time specified by law. Claimants for unemployment benefits do not have to pay the docket fee. Section 288.380.5 RSMo. At the same time appellant must serve a copy of the notice of appeal on attorneys of record of all parties other than appellant(s), and on all parties not represented by an attorney. The Division of Employment Security is by statute a party to all unemployment benefit appeals. Section 288.210 RSMo. Proof of service shall be made on the original and copy to be filed with the commission.)

CASE INFORMATION

TYPE NAME AND BAR ENROLLMENT NUMBER OF
APPELLANT'S ATTORNEY

Street _____
City _____
State _____ Zip Code _____
Telephone _____

TYPE NAME OF EMPLOYEE

Employee _____
Street _____
City _____
State _____ Zip Code _____

TYPE NAME AND BAR ENROLLMENT NUMBER OF
RESPONDENT'S ATTORNEY

Street _____
City _____
State _____ Zip Code _____
Telephone _____

TYPE NAME OF EMPLOYER

Employer _____
Street _____
City _____
State _____ Zip Code _____

Date of Commission Decision:

County of Claimant's Residence:

(Attach copy of Commission Decision)

DIRECTIONS TO COMMISSION

A copy of the notice of appeal and the docket fee shall be mailed forthwith to the clerk of the appellate court. The record on appeal shall be prepared and certified within such time as to enable timely filing by the appellant.

PROOF OF SERVICE

I have this day served a copy of this notice of appeal on each of the following persons at the address stated by
(ordinary mail, certified mail, personal service):

Signature of Attorney or Appellant

Date: _____, 20____